

Cycle Date: 08/12/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404943	Albemarle	21	1172	Duplicate of claim system.	124	1878	5583	3705
		8599	450	Detail not covered by combination of recipient, provider and benefit package.				
		191	68	Client ID number does not match patient name.				
3404902	Blue Ridge	8599	198	Detail not covered by combination of recipient, provider and benefit package.	1	436	2412	1976
		191	131	Client ID number does not match patient name.				
		143	35	Client ID number not on State eligibility file.				
3404912	Catawba	8599	365	Detail not covered by combination of recipient, provider and benefit package.	294	743	5607	4864
		191	21	Client ID number does not match patient name.				
		143	11	Client ID number not on State eligibility file.				
3404917	Centerpoint	637	180	Detail not covered by combination of recipient, provider and benefit package.	297	1527	4989	3462
		21	165	Duplicate of claim system.				
		191	83	Client ID number does not match patient name.				
3404916	Crossroads	8544	7264	Claim denied due to invalid from date of service.	36	9130	13130	4000
		8599	1338	Detail not covered by combination of recipient, provider and benefit package.				
		143	212	Client ID number not on State eligibility file.				
3404927	Cumberland	8599	338	Detail not covered by combination of recipient, provider and benefit package.	49	503	4380	3877
		21	34	Duplicate of claim system.				
		5313	20	Prior authorization frequency exceeded.				
3404959	Davidson	191	3	Client ID number does not match patient name.	0	87	0	87
		8524	84	Claim denied, provider must be designated as a billing provider.				
3404944	Eastpointe	8517	4548	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.	165	7206	19269	12063
		21	1749	Duplicate of claim system.				
		8599	451	Detail not covered by combination of recipient, provider and benefit package.				

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3404946	Foothills	191	2	Client ID number does not match patient name.	0	3	15	12
		8526	1	Claim denied, units billed must be greater than zero.				
3404919	Guilford	8599	1082	Detail not covered by combination of recipient, provider and benefit package.	478	1901	12127	10226
		191	147	Client ID number does not match patient name.				
		120	35	Client ID number missing or invalid.				
3404930	Johnston	8599	4	Detail not covered by combination of recipient, provider and benefit package.	1	11	148	137
		21	2	Duplicate of claim system.				
		23	2	Service requires prior approval.				
3404929	Lee-Harnett	21	341	Duplicate of claim system.	5	824	1962	1138
		8599	254	Detail not covered by combination of recipient, provider and benefit package.				
		8517	125	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
3404913	Mecklenburg	23	1663	Service requires prior approval.	0	1755	1755	0
		143	60	Client ID number not on State eligibility file.				
		120	21	Client ID number missing or invalid.				
		191	11	Client ID number does not match patient name.				
3404939	Neuse	191	46	Client ID number does not match patient name.	2	63	229	166
			13	Zero EOB applied.				
		8599	2	Detail not covered by combination of recipient, provider and benefit package.				
3404979	New River	8599	31	Detail not covered by combination of recipient, provider and benefit package.	13	60	347	287
		8622	11	60 residential level II treatment received, PA is required for additional service.				
		191	5	Client ID number does not match patient name.				
3404934	Onslow	8599	295	Detail not covered by combination of recipient, provider and benefit package.	9	424	1540	1116
		21	47	Duplicate of claim system.				

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		8517	34	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				

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3404921	OPC	21	3681	Duplicate of claim system.	141	4850	9479	4629
		8599	628	Detail not covered by combination of recipient, provider and benefit package.				
		167	237	No charge billed. Enter billed amount and submit detail as a new claim.				
3404910	Pathways	8599	521	Detail not covered by combination of recipient, provider and benefit package.	225	1126	11746	10620
		21	160	Duplicate of claim system.				
		191	43	Client ID number does not match patient name.				
3404924	Piedmont	8525	23	Claim denied, referring provider must be an LMA.	0	23	23	0
3404932	Randolph	8599	246	Detail not covered by combination of recipient, provider and benefit package.	120	586	3142	2556
		21	102	Duplicate of claim system.				
		120	40	Client ID number missing or invalid.				
3404942	Roanoke-Chowan	8599	101	Detail not covered by combination of recipient, provider and benefit package.	1	168	821	653
		21	37	Duplicate of claim system.				
		24	4	Procedure code, procedure /modifier combination or procedure code/type of service combination is missing, invalid or invalid for this bill type.				
3404918	Rockingham	8599	290	Detail not covered by combination of recipient, provider and benefit package.	29	387	3209	2822
		21	22	Duplicate of claim system.				
		10	15	Diagnosis or service invalid for client age. Verify CID, diagnosis, procedure code for errors. Correct and resubmit claim.				
3404925	Sandhills	8599	445	Detail not covered by combination of recipient, provider and benefit package.	271	1061	14782	13721
		21	175	Duplicate of claim system.				
		191	27	Client ID number does not match patient name.				
3404901	Smoky Mountain				0	0	96	96

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3404933	Southeastern Center	8599	130	Detail not covered by combination of recipient, provider and benefit package.	74	341	4894	4553
		8526	32	Claim denied, units billed must be greater than zero.				
		5308	12	Prior authorization units exceeded.				
3404926	Southeastern Regional	8599	1366	Detail not covered by combination of recipient, provider and benefit package.	190	2363	12660	10297
		8517	228	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
		21	178	Duplicate of claim system.				
3404957	Tideland	8599	116	Detail not covered by combination of recipient, provider and benefit package.	62	260	2880	2620
		191	28	Client ID number does not match patient name.				
		8621	23	60 residential level III treatment received, PA is required for additional service.				
3404905	Trend	8599	193	Detail not covered by combination of recipient, provider and benefit package.	1	297	1656	1359
		120	33	Client ID number missing or invalid.				
		10	21	Diagnosis or service invalid for client age. Verify CID, diagnosis, procedure code for errors. Correct and resubmit claim.				
3404923	VGFW	8599	584	Detail not covered by combination of recipient, provider and benefit package.	6	671	3326	2655
		8517	57	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
		191	8	Client ID number does not match patient name.				
3404931	Wake	8621	69	60 residential level III treatment received, PA is required for additional service.	0	81	411	330
		21	8	Duplicate of claim system.				
		8517	2	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
3404936	Wilson-Greene	8599	113	Detail not covered by combination of recipient, provider and benefit package.	105	352	3309	2957
		8517	81	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
		21	23	Duplicate of claim system.				